

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

In the Application of:

FEB 10 2005

Maqboolahmed S. Patel

Examiner: Virginia M. Kibler

Application No.: 09/473,638

Group Art Unit: 2623

Filed: December 28, 1999

Attorney Docket No.: 15-IS-5286

For: Imaging System Adapted to Partially
Preprocess Image Data

CERTIFICATION OF FACSIMILE TRANSMISSION

*I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (FAX No. (703) 872-9306), on February 10, 2005.**Christopher R. Carroll**Christopher R. Carroll*
SignatureAMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner Kibler:

This Amendment is being entered following the Office Action mailed December 10, 2004. This Amendment is timely because it is filed within three months of the mailing date of the Office Action. Please enter and consider the following Amendments:

Amendments to the Claims:

Reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments:

Begin on page 9 of this paper.



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER
FEB 10 2005

TELEPHONE: (312) 775-8000
FACSIMILE: (312) 775-8100

FAX COVER LETTER

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Examiner Virginia M. Kibler
Art Unit 2623

FROM: Christopher R. Carroll USER ID:8033

DATE: February 10, 2005

FAX NO.: (703) 872-9306

CLIENT: 1194

MATTER: 12522USP1

Number of Pages This Transmission (Including Cover Page): 31

Message:

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

FROM McANDREWS, HELD, & MALLOY

(THU) 2.10'05 10:07/ST. 10:07/NO. 4861050724 P 2

PTO/SB/21 (08-00)

Approved for use through 10/31/2002

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number 09/473,638
		Filing Date December 28, 1999
		First Named Inventor Maqboolahmed S. Patel
		Group Art Unit 2623
		Examiner Name Virginia M. Kibler
Total Number of Pages in This Submission 30		Attorney Docket Number 15-IS-5286 (12522US01)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimers	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> PTO 1449/08A, with references	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Christopher R. Carroll
Signature	McAndrews Held & Malloy, Ltd. <i>Christopher R. Carroll</i>
Date	February 10, 2005

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to Examiner Virginia M. Kibler at the United States Patent and Trademark Office

Name (Print/type)	Christopher R. Carroll	Registration No. (Attorney/Agent)	52,700
Signature	<i>Christopher R. Carroll</i>	Date	February 10, 2005

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$260.00)

Complete if Known

Application Number	09/473,638
Filing Date	December 28, 1999
First Named Inventor	Maqboolahmed S. Patel
Examiner Name	Virginia M. Kibler
Group Art Unit	2623
Attorney Docket No.	15-IS-5286 (12522US01)

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Deposit Account Number</td><td style="padding: 5px; text-align: center;">50-2401</td></tr> <tr><td style="padding: 5px;">Deposit Account Name</td><td style="padding: 5px; text-align: center;">GTC</td></tr> </table> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				Deposit Account Number	50-2401	Deposit Account Name	GTC	<p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td style="text-align: right;">85</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td style="text-align: right;">25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td style="text-align: right;">130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td style="text-align: right;">2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td style="text-align: right;">920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td style="text-align: right;">85</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td style="text-align: right;">210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td style="text-align: right;">475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td style="text-align: right;">740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td style="text-align: right;">1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td style="text-align: right;">165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td style="text-align: right;">165</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td style="text-align: right;">145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td style="text-align: right;">1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td style="text-align: right;">55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td style="text-align: right;">665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td style="text-align: right;">665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td style="text-align: right;">240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td style="text-align: right;">320</td></tr> <tr><td>1480</td><td>130</td><td>1460</td><td style="text-align: right;">130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td style="text-align: right;">50</td></tr> <tr><td>1808</td><td>180</td><td>1808</td><td style="text-align: right;">180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td style="text-align: right;">40</td></tr> <tr><td>1209</td><td>770</td><td>2809</td><td style="text-align: right;">385</td></tr> <tr><td>1610</td><td>770</td><td>2810</td><td style="text-align: right;">385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td style="text-align: right;">385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td style="text-align: right;">900</td></tr> <tr><td colspan="4">Other fee (specify) Two (2) Terminal Disclaimers 250.00</td></tr> <tr><td colspan="4">SUBTOTAL (1) (\$0.00)</td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$0.00)</td></tr> <tr><td colspan="4">*For number previously paid, if greater; For Reissues, see above</td></tr> <tr> <td colspan="4" style="text-align: right;">Reduced by Basic Filing Fee Paid</td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\$260.00)</td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1051	130	2051	85	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	85	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	280	2403	145	1451	1,510	1451	1510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1480	130	1460	130	1807	50	1807	50	1808	180	1808	180	8021	40	8021	40	1209	770	2809	385	1610	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) Two (2) Terminal Disclaimers 250.00				SUBTOTAL (1) (\$0.00)				SUBTOTAL (2) (\$0.00)				*For number previously paid, if greater; For Reissues, see above				Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$260.00)	
Deposit Account Number	50-2401																																																																																																																																																				
Deposit Account Name	GTC																																																																																																																																																				
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																																		
1051	130	2051	85																																																																																																																																																		
1052	50	2052	25																																																																																																																																																		
1053	130	1053	130																																																																																																																																																		
1812	2,520	1812	2,520																																																																																																																																																		
1804	920*	1804	920*																																																																																																																																																		
1805	1,840*	1805	1,840*																																																																																																																																																		
1251	110	2251	85																																																																																																																																																		
1252	420	2252	210																																																																																																																																																		
1253	950	2253	475																																																																																																																																																		
1254	1,480	2254	740																																																																																																																																																		
1255	2,010	2255	1,005																																																																																																																																																		
1401	330	2401	165																																																																																																																																																		
1402	330	2402	165																																																																																																																																																		
1403	280	2403	145																																																																																																																																																		
1451	1,510	1451	1510																																																																																																																																																		
1452	110	2452	55																																																																																																																																																		
1453	1,330	2453	665																																																																																																																																																		
1501	1,330	2501	665																																																																																																																																																		
1502	480	2502	240																																																																																																																																																		
1503	640	2503	320																																																																																																																																																		
1480	130	1460	130																																																																																																																																																		
1807	50	1807	50																																																																																																																																																		
1808	180	1808	180																																																																																																																																																		
8021	40	8021	40																																																																																																																																																		
1209	770	2809	385																																																																																																																																																		
1610	770	2810	385																																																																																																																																																		
1801	770	2801	385																																																																																																																																																		
1802	900	1802	900																																																																																																																																																		
Other fee (specify) Two (2) Terminal Disclaimers 250.00																																																																																																																																																					
SUBTOTAL (1) (\$0.00)																																																																																																																																																					
SUBTOTAL (2) (\$0.00)																																																																																																																																																					
*For number previously paid, if greater; For Reissues, see above																																																																																																																																																					
Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$260.00)																																																																																																																																																	
SUBMITTED BY				Complete (if applicable)																																																																																																																																																	
Name (Print/Type)	Christopher R. Carroll	Registration No. (Attorney or Agent)	52,700	Telephone	312-775-8000																																																																																																																																																
Signature	<i>Christopher R. Carroll</i>			Date	February 10, 2005																																																																																																																																																

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.